Executive Committee Meeting
Meeting Minutes
October 18, 2011

Attendees: Lt. Governor Elizabeth Roberts, Secretary of Health and Human Services Steven Costantino, Health Insurance Commissioner Christopher Koller

Absent: Governor's Policy Director Brian Daniels, Director of the Administration Richard Licht

I. Call to Order
   a. Lt. Governor Roberts called the meeting to order at 8:37am. She advised that this will be an important session following up on the presentation of Health Planning and Regulation.
   b. Advised some members were unavailable due to the unforeseen Pension reform discussions happening around the state.

II. Presentation – Jennifer Wood, Office of Lt. Governor
   a. Ms. Wood gave the presentation found here [insert link].
   b. "Every Rhode Islander should have access to high quality, affordable health care, delivered at the most appropriate time and place.
      i. Lt. Governor: Now four years later from the 2007 Report – are there issues that this statement brings to light? Are there gaps? Is it beneficial? This vision statement is open for discussion, and will be brought back to a stakeholder group for consideration as well.
      ii. Secretary Costantino: How are defined exactly, access, affordability, and deliverability? In many cases there are various definitions for each of these items and depending on the definitions, will change. The other issue with the Affordable Care Act (ACA) is cost effectiveness. That is another piece that has evolved since this report.
      iii. Commissioner Koller: The ACA at least places accountability of insurers into the hands of the federal government. Not just every Rhode Islander because it is the state as a whole – it is a whole population. What is essential to planning is some sort of a statewide, and community wide population. Parameters around quality and affordability are crucial. Do not forget the triple aim. Note that something can be affordable to a person without being affordable to the system. The ACA makes health care affordable by giving a great deal of subsidies, thus it is top line affordable and not cost shifting affordable.
   c. Note that in the slide reflecting desired results of health planning these are four targets and there are bullets within bullets below.
      i. Secretary Costantino – where would the use of technology and hospital services be? Where does it fit within the results of health planning? Ms. Wood notes that each one of these

suggests a whole host of other results within each target. This would suggest, for example, that primary care will save the population money over time, through the use of new technology to help individuals maintain their health for example, which cuts back on obesity, which cuts back on diabetes etc, etc. Primary care promotion would then help achieve population health goals. The Secretary responded that this is assuming that primary care is almost a gatekeeper of a system, and drive the demand of the services.

ii. The Lt. Governor noted that the Secretary's last musings may not have been what the report was trying to imply. That said, its true that delivery services are not addressed here (larger infrastructure that are between hospital structure and primary care). If primary care is not a gatekeeper, then should capacity for this be expanded?
    1. Dr. Fine, via conference call, spoke to the committee. He declared that one of the interesting dynamics that affects health planning is that the technology is constantly changing – both the hardware and the intellectual capital of how services are provided at all levels. Primary care is changing and the technology of primary care is changing. These changes substantially impact the need for delivery as well as delivery system architecture. This makes health planning difficult since there are many moving parts. In the perspective of a regulator, there may be a need for principles to evaluate new technologies so to see how they will interact and change what is planned.

iii. Commissioner Koller noted his concern with the title of the slide from the report noting that these are the desired results of health planning. Based on the work of the committee in 2007, the thought was that either one ties the results to overarching goals and the triple aim. The Commissioner stated he doesn't believe that these four items were intended to be direct desired results, or priorities.
    1. Ms. Wood noted that this is a helpful comment as the Commissioner was present at the time of the report. The Planning process should have goals, but they may not be those we are tied to in 2011.

d. Strategies to Achieve Planning Objectives (as noted in the report from 2007) open for discussion
    i. Dr. Fine - the current planning process is more reactive to past decisions rather than proactive.
    ii. Commissioner Koller – while the state can look at infrastructure, this slide has to do with strategies. Are there other tools than listed on the strategies slide that the group can

use? The idea of putting provider payment as a part of purchasing. RIBEC. Informally welcomed discussions around how the centers are created.

1. Dr. Fine noted that while other tools have not been used in the past, that doesn't mean that moving forward is impossible. Infrastructure here is defined as the hardware or the facilities & practices that would be necessary to deliver services to a segment of the population. It may be best to keep these strategies broad.
2. Ms. Wood notes that strategies as presented here should be considered a "yes, and…"

Attendance Note: Director Richard Licht was able to join the group at 9:20am.

e. Discussion of the Staff Recommendation slides, with a note that the second bullet on this slide may be less concrete than the first one.
   i. Lt. Governor noted that she met w Senator Miller yesterday and noted that the work of a new senate study commission
   ii. Commissioner Koller – what is the need for "nationally – recognized" for the consultants? Ms. Wood noted that is phrasing used to underscore the need for consultants that are high quality, with solid recommendations.
   iii. Secretary Costantino - $150K is not going very far in health planning. He believes that it needs to be looked at that the Assembly reviews the CON issues and regulatory issues every year, and there has been a feeling that there is not a way to fully guide these decisions. Thus, this money was put in to come up with a potential tool that everyone can use. There is an extreme example that CON processes are driving regulation as opposed to vice versa. Before doing an RFP the state should consider if there is a capacity to do this in house, and is there a basic inventory of services in existence right now. This shall require both time and labor. May need a phased in approach, and do some basic preparatory work before a phase two with an RFP for a consultant. This phasing may help to meet the needs of why it was put there.
   iv. LT. Gov – why was this money put there? She wants more discussion on this aspect. Was the $150K to create a document, to create an inventory? The Secretary replies that he believes it was intended to be seed money. Often, legislators are asked to make decisions, and need tools to make those decisions – and in the planning process there were no resources to move towards the next step.
   v. Ms. Wood notes that to put together the information of composite agencies. Once that information is gathered,

perhaps in house, it may be doable to then move towards an RFP. There is a call to gather the information and do an assessment of is already in the toolbox and then further determine how best to move towards consultants.

vi. Lt. Governor asked Marie Ganim, Senate Policy, to comment. The money was designed to figure out what was in the system already. It was not designed to do what the first bullet of recommendations indicates. This was hand in hand with the state planning process… what is the norm in terms of cost effective population? Delineating the need base on statistical matrixes. The money was designed to see what the need is.

vii. Director Licht notes that the system of certificate of need may not work as Ms. Ganim would suggest the money was intended. Ms. Ganim replied that this money is an opportunity to correct the problem of not linking the need with the regulatory process. The Director points out that a consultant may not be necessary if the statistics are merely what is sought, not ratios, what is needed is a plan/proposal/framework make this work.

viii. Secretary – one may need to look at the data and perform an analysis. He reiterates that it needs to be a phased in approach and recognize the $150K may not get us into phase two.

ix. Ms. Wood noted that there is agreement, data & information in terms of the current inventory, the need piece (not what we have but what we should have), then the plan (moving from current sate to future state).

x. Director Licht – Emphasized the need to have a redesigned and re-coordinated health planning process. The problem with taking a stand in health planning is that some around the table are involved directly or indirectly.

xi. Ms. Wood notes that the point this morning was for input and discussion to help move forward and adjust proposals.

xii. Director Licht – As a note, if regulation is approached, it may be beneficial to have the Attorney General involved as that office has additional facets of this regulatory process that will be affected by any changes.

III. Public Comment:

a. Dr. Tsiongas – the Secretary's raising the issue of technology is a central one in relation to health planning. It points out some of the challenges that have been presented by the passing of the ACA. It speaks to outcomes but not always the means by which those outcomes are achieved. Can one realistically expect the health planning Council to prepare all of this? This coordinated health planning council would be beneficial to making the longer-term goals be achieved. Assuming that the Council provides these recommendations for the appropriate parties, there needs to be consideration of how these are moved into action.

b. Director Licht – there is a discussion of the human capital in the system, as important as the physical capital
c. Secretary Costantino notes that hospital mergers affect and drive the qualified workforce.

IV. Adjourn – Note next meeting is planned October 31, 2011 at 2:00pm.